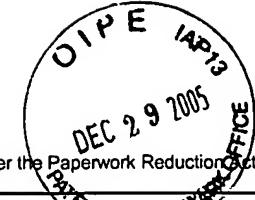


Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number



Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818)

FEE TRANSMITTAL For FY 2005

Applicant claims small entity status. See 37 C.F.R. 1.27

TOTAL AMOUNT OF PAYMENT (\$ 0.00)

Complete if Known

| | |
|----------------------|------------------|
| Application Number | 10/693,104 |
| Filing Date | October 27, 2003 |
| First Named Inventor | Shinji UCHIDA |
| Examiner Name | D. D. Le |
| Art Unit | 2834 |
| Attorney Docket No. | 00862.023280 |

METHOD OF PAYMENT (check all that apply)

| | | | | |
|--|---|--------------------------------------|--|---|
| <input type="checkbox"/> Check | <input type="checkbox"/> Credit Card | <input type="checkbox"/> Money Order | <input type="checkbox"/> None | <input type="checkbox"/> Other (please identify): _____ |
| <input checked="" type="checkbox"/> Deposit Account | Deposit Account Number: <u>06-1205</u> | | Deposit Account Name: <u>Fitzpatrick, Cella, Harper & Scinto</u> | |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) | | | | |
| <input type="checkbox"/> | Charge fee(s) indicated below | <input type="checkbox"/> | Charge fee(s) indicated below, except for the filing fee | |
| <input checked="" type="checkbox"/> | Charge any additional fee(s) or underpayments of fee(s) under 37 C.F.R. 1.16 and 1.17 | <input checked="" type="checkbox"/> | Credit any overpayments | |

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| <u>Application Type</u> | <u>FILING FEES</u> | | <u>SEARCH FEES</u> | | <u>EXAMINATION FEES</u> | | <u>Fees Paid (\$)</u> |
|-------------------------|--------------------|---------------------|--------------------|---------------------|-------------------------|---------------------|-----------------------|
| | <u>Fee (\$)</u> | <u>Small Entity</u> | <u>Fee (\$)</u> | <u>Small Entity</u> | <u>Fee (\$)</u> | <u>Small Entity</u> | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | _____ |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | _____ |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | _____ |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | _____ |

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

| <u>Small Entity</u> |
|---------------------|
| Fee(\$) 50 |

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

| | |
|---------------|---------------|
| Fee(\$) 50 | Fee(\$) 25 |
|---------------|---------------|

Multiple dependent claims

| | |
|---------------|---------------|
| Fee(\$) 50 | Fee(\$) 25 |
|---------------|---------------|

Total Claims

Extra Claims

Fee (\$)

Fee Paid (\$)

Multiple Dependent Claims

$$13 - 20 \text{ or HP} = 0 \times 50.00 = 0.00$$

HP = highest number of total claims paid for, if greater than 20

Fee(\$) Fee Paid (\$)

Indep. Claims

Extra Claims

Fee(\$)

Fee Paid (\$)

$$5 - 5 (\text{HP}) = 0 \times 200.00 = 0.00$$

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification, drawings, and any Preliminary Amendment exceed 100 sheets of paper in total, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

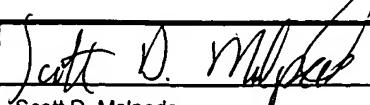
| <u>Total Sheets</u> | <u>Extra Sheets</u> | <u>Number of each additional 50 or fraction thereof</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
|---------------------|---------------------|--|-----------------|----------------------|
| _____ | - 100 = _____ | / 50 = _____ (round up to a whole number) x 250.00 = _____ | | |

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: _____

Fees Paid (\$)

| | | | |
|-------------------|---|---|---------------------------|
| SUBMITTED BY | | | |
| Signature |  | Registration No. 32,533 (Attorney/Agent) | Telephone 202-530-1010 |
| Name (Print/Type) | Scott D. Malpede | | |
| | | | Date: December 29, 2005 |



00862.023280

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Shinji UCHIDA

Application No.: 10/693,104

Filed: October 27, 2003

For: POSITIONING APPARATUS AND
CHARGED-PARTICLE-BEAM EXPOSURE
APPARATUS

)
: Examiner: D. D. Le
)
: Group Art Unit: 2834
)
: Confirmation No.: 1628
)
:
)
: December 29, 2005
)

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

Sir:

In response to the Official Action dated September 29, 2005, please amend the above-identified application as follows: